

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number <i>065676</i>
Effective October 1, 1992					
CLAIMS AS FILED - PART I					
(Column 1)			(Column 2)		
FOR		NUMBER FILED	NUMBER EXTRA		
BASIC FEE					RATE FEE
TOTAL CLAIMS		<i>14</i>	minus 20 =	*	OR RATE FEE
INDEPENDENT CLAIMS		<i>1</i>	minus 3 =	*	OR x\$11= \$355.00
MULTIPLE DEPENDENT CLAIM PRESENT					OR x\$22= \$710.00
					OR x 37= 74=
					OR +115= 230=
					OR TOTAL <i>355</i> 710
* If the difference in column 1 is less than zero, enter "0" in column 2					
CLAIMS AS AMENDED - PART II					
(Column 1)			(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY
	Total	*	Minus	**	RATE ADDITIONAL FEE
	Independent	*	Minus	***	x\$11= x\$22=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				
					+ 115= + 230=
					TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE
	Total	*	Minus	**	RATE ADDITIONAL FEE
	Independent	*	Minus	***	x\$11= x\$22=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				
					+ 115= + 230=
					TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE
	Total	*	Minus	**	RATE ADDITIONAL FEE
	Independent	*	Minus	***	x\$11= x\$22=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				
					+ 115= + 230=
					TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.					
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE					
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".					
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.					

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 9-22-93	2 Serial/Patent # 08-065676		
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$ 290
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT OF REFUND	\$ 290	
10 REASON:	8 TO BE REFUNDED BY:		
Overpayment	Treasury Check	Credit Deposit A/C #:	
Duplicate Payment	<input checked="" type="checkbox"/>	9 12 -- 21 47	
No Fee Due (Explanation):	<i>Code 201</i>		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <i>Annette Smith</i>	TITLE: <i>Glm Ex.</i>		
SIGNATURE: <i>Annette Smith</i>	PHONE: _____		
OFFICE: <i>Central B</i>	*****		
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: <i>Mark S. Raft</i>	DATE: 9/30/93		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B